

## **AGENDA ITEM 4**

### **REVIEW AND VOTE ON APPROVAL OF THE JUNE 21, 2024, COMMITTEE MEETING MINUTES.**

THE FOLLOWING IS INCLUDED:

- Draft Practice Committee Minutes from June 21, 2024.



**\*\*DRAFT\*\***

## **PRACTICE COMMITTEE MEETING MINUTES**

**June 21, 2024**

### Committee Members Present

Christine Wietlisbach (Chair)  
Lynne Andonian  
Richard Bookwalter  
Ernie Escovedo  
Mary Kay Gallagher  
Elizabeth Gomes  
Heather Kitching  
Diane Laszlo  
Danielle Meglio  
Jeannette Nakamura  
Carlin Daley Reaume

### Board Staff Present

Heather Martin, Executive Officer  
Jody Quesada Novey, Manager  
Demetre' Montue - Analyst

### Committee Members Absent

Bob Candari  
Lynna Do  
Chi-Kwan Shea

**Friday, June 21, 2024**

**2:00 pm – Committee Meeting**

1. Call to order, roll call, establishment of a quorum.

The meeting was called to order at 2:07 pm, roll was called, and a quorum was established.

2. Chairperson opening remarks.

Chair Christine Wietlisbach thanked the committee volunteers and members of the public for their attendance at the meeting.

3. Public Comment for Items Not on the Agenda.

There were no public comments for items not on the agenda.

4. Review and vote on approval of the March 1, 2024, committee meeting minutes.

Heather Kitching asked that her name be added to page one of the minutes under the 'Committee Members Present' heading.

- Heather Kitching moved to approve the March 1, 2024, Practice Committee meeting minutes with her suggested edit and directed Board staff to make any non-substantive changes.
- Diane Laszlo seconded the motion.

Public Comment

There was no public comment.

**Board Member Vote**

Christine Wietlisbach	Yes
Lynne Andonian	Yes
Richard Bookwalter	Yes
Ernie Escovedo	Yes
Mary Kay Gallagher	Yes
Elizabeth Gomes	Yes
Heather Kitching	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeannette Nakamura	Yes
Carlin Daley Reaume	Yes

**The motion carried.**

5. Consideration and possible recommendation to the Board, following a review of the Accreditation Council for Occupational Therapy Education (ACOTE) Guidelines, to consider reducing or eliminating advanced practice (AP) education and training requirements for students graduating after a certain (TBD) date.

Chair Christine Wietlisbach shared that the committee would most likely only have time to work on agenda item five. She stated that she and Executive Officer Heather Martin put together an evolution of the ACOTE guidelines document to assist the committee members with a visual of how the ACOTE guidelines have evolved pertaining to Physical Agent Modalities (PAMs). The committee would use this document, current ACOTE guidelines effective in 2020 and guidelines which will become effective in 2025 as source documents.

Chair Wietlisbach and Diane Laszlo reminded all that Occupational Therapy (OT) licensing was effective January 1, 2001, but due to the Physical Therapy Associations' tremendous opposition, and belief that there weren't minimum national education standards in the areas of Dysphagia, use of PAMs and Hand Therapy, a caveat was put in to place to satisfy these concerns and still grant licensure for occupational therapy practitioners. The caveat included required advanced training in the aforementioned areas in order to practice those skills following graduation and that this requirement would be outlined in the laws and regulations of the OT profession.

An overview of the ACOTE evolution document pertaining to PAMs was given by Ms. Martin and Chair Wietlisbach.

2008 – The minimum education requirement switched from a Bachelor’s to a Master’s degree. The language pertaining to PAMs stated in part, “Demonstrate safe and effective application of superficial thermal...”

This language was followed with the following clarification “The word Demonstrate does not require that a student actually performs the task to verify knowledge and understanding.”

2013 – The language pertaining to PAMs stated in part, “Demonstrate safe and effective application of superficial thermal...”

This language was followed with the following clarification “The word Demonstrate does not require that a student actually performs the task to verify knowledge and understanding.”

2018 - (effective July 2020) The language pertaining to PAMs stated in part, “Demonstrate knowledge and use of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.”

Chair Wietlisbach stated that in her opinion this version of the ACOTE standards is the strongest regarding PAMs. Not only must the graduate have knowledge of PAMs, but it is the first version that the graduate must demonstrate that they can successfully use PAMs.

2023 – (effective July 2025), The language pertaining to PAMs stated in part, “Demonstrate use and knowledge of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.”

Chair Wietlisbach stated that this version remains a very strong standard and is almost identical to the 2018 standards. It is her opinion that an argument to remove the AP PAMs requirements could safely include OT graduates that began programs in 2018.

Ms. Laszlo asked if legislation would be needed and questioned whether it would be better to wait and include Dysphagia and Hand Therapy in the committee’s recommendation.

Mr. Bookwalter agreed with Chair Wietlisbach regarding PAMs. He felt that the minimum national education standards have met the mark and he does not wish to overregulate.

Jeanette Nakamura asked what in the curriculum had changed regarding PAMs.

Ms. Wietlisbach stated that although she does not teach PAMs she is aware that clinical reasoning, safe use of machines and physiological response on the tissue(s)

being treated are taught. The students demonstrate use of the equipment and test. The students are getting entry level knowledge at the schools.

Carlin Daley-Reaume thanked Chair Wietlisbach and Executive Officer Heather Martin for the ACOTE evolution document. She believed the current ACOTE standards meet the required standards related to PAMs and she supports moving forward with a recommendation to the Board on this topic.

Ms. Daley-Reaume stated that ACOTE is the accrediting body and that it should not be the required standards should not be the committee's focus since ACOTE is charged with monitoring that. Now that there is a clear standard in place that supports the goals of the profession, she feels satisfied with the ACOTE standards as they are.

Ernie Escovedo stated that he has been PAMs approved since it was first required. He teaches PAMs and very often to post graduate classes. Although he would like to see the AP requirements removed, he is not yet comfortable with the overall proficiency of the majority; it seems inconsistent in his opinion, and he is not comfortable when it comes to consumer safety.

Diane Laszlo said that she is on both sides of the fence, and it is her opinion that it is up to the student and the employer to ensure competency. She is in favor of accepting the ACOTE standards and moving forward with a recommendation to the Board.

Heather Kitching stated that she concurred with Ms. Daley-Reaume and Ms. Laszlo's opinions. The OT degree is a generalist degree and that requires the practitioner hold themselves accountable for working within the scope of practice.

Ms. Kitching said that it is her argument that multiple areas of OT present the same consumer safety risks but are successfully managed through the grassroots competency oversight and ACOTE's role.

Mr. Bookwalter agrees with the majority of the committee member comments. He agreed that a graduate who began their occupational therapy program in 2018 is going to have a higher level of knowledge and background in PAMs than a graduate from many years ago when the ACOTE standards were not explicit.

Lynne Andonian concurred with the previous committee members. She felt that the ACOTE standards did a really good job.

Chair Wietlisbach agreed that not only is there ACOTE standards to rely on but the NBCOT exam is based on those standards and there are PAMs questions included on the exam. She is of the opinion that the standards are now meeting that minimum level of knowledge for at least PAMs which is the only AP being discussed at the meeting.

Mr. Escovedo offered that in hearing Mr. Bookwalter's comment that the assumption is dependent upon the date of graduation, an entry level therapist would have AP skills coming out of school and this helped him to see the PAMs situation differently.

Ms. Martin commented that it is her belief that the committee must evaluate which version of the ACOTE guidelines justifies the OT program entry date (tbd) as the first

group of graduates that won't be required to provide proof of additional supervised training hours and education in order to provide PAMs.

Chair Wietlisbach summarized that the committee would choose the version of the ACOTE standards that is strong enough to satisfy that the minimum standards in PAMs has been met and it would be those graduates that entered a program underneath those ACOTE standards that would be exempt from additional supervised training hours and education.

Mr. Escovedo questioned what would happen to those who graduated prior to the tbd date.

Chair Wietlisbach clarified that proof of additional supervised training hours and education would still be required.

### Public Comment

Sharon Pavlovich commented that it was her opinion that although the 2018 (effective 7/2020) and 2023 (effective 7/2025) ACOTE standards are relatively the same regarding minimum standards pertaining to PAMs. She felt that choosing the 2025 start date to exempt additional supervised training hours and education for PAMs would be a better choice. Ms. Pavlovich commented that it is her experience in speaking with other educators that additions have been made and continue to be made to the PAMs programs and she believed that a 7/2025 date would be a solid suggestion pertaining to all OT programs being on board.

Chair Wietlisbach commented that what is hard evidence is what is in the ACOTE standards, so it was her opinion that the 2023 standards wouldn't bring any additional measure of safety to the consumer than the 2018 ACOTE standards.

Diane Laszlo agreed with Ms. Wietlisbach.

Executive Officer Heather Martin clarified that the 2018 ACOTE standards went into effect in 7/2020 and the 2023 ACOTE standards will go into effect in 7/2025.

Chair Wietlisbach clarified that the choice should include 2020 or 2025 standards.

- Diane Laszlo moved to recommend to the Board consideration for accepting the 2020 ACOTE standards for PAMs and use those standards as a basis for reconsidering the advanced practice standards for PAMs.
- Richard Bookwalter seconded the motion.

### Public Comment

There were no public comments.

**Board Member Vote**

Christine Wietlisbach	Yes
Lynne Andonian	Yes
Richard Bookwalter	Yes
Ernie Escovedo	Yes
Mary Kay Gallagher	Yes
Elizabeth Gomes	Yes
Heather Kitching	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeannette Nakamura	Yes
Carlin Daley Reaume	Yes

The motion carried.

6. Consideration and possible recommendation to the Board on whether the education and training requirements for licensees demonstrating competence in the advanced practice areas should be reduced.

Ernie Escovedo asked if the committee could revisit lowering the supervision hours needed for PAMs approval.

Chair Wietlisbach and Diane Laszlo agreed that it would be a huge benefit to lower the required training hours.

Richard Bookwalter stated that he felt a valid argument geared toward lowering the supervision hours would be that only practitioners that are affluent and can afford the additional education are going to get approved which reduces access to consumers.

Jeanette Nakamura agreed that the amount and cost limits the number of approved practitioners. She is a neurotherapist and there is a very small number of neuro OTs that are PAMs approved because it is not something they do every day and is difficult to obtain the 240 hours needed for approval so many choose not to pursue PAMs approval. It limits what care you can provide to the neuro population.

Mr. Bookwalter commented that an outpatient therapist can have a patient that needs a hot pack and because that therapist found the requirements of PAMs so difficult or costly to complete and chose not to pursue, that patient will now have to make two appointments with two different therapists. Adding to that the difficulty of a patient being in a wheelchair or needing travel assistance can be costly and burdensome which could result in the patient foregoing needed treatment.

Ms. Martin commented that if you broke the required PAMs training into 15-minute treatments it would equal 960 treatment visits and that leads to the question of whether it should take 960 visits of anything to demonstrate entry level competence. Physical Therapy Assistants use PAMs following initial licensure.

Mr. Bookwalter added that currently a consumer can purchase a hot pack at the store, heat it in their microwave, place it on their neck and burn themselves because they have no guidance. The more people you have that have information on how to do this safely, protects the consumer.

Chair Wietlisbach asked if anyone on the committee was opposed to reducing the supervision hours required for PAMs.

There was no opposition.

- Ernie Escovedo moved to recommend to the Board reducing the PAMs supervised clinical hours.
- Jeanette Nakamura seconded the motion.

#### Public Comment

There were no public comments.

#### **Board Member Vote**

Christine Wietlisbach	Yes
Lynne Andonian	Yes
Richard Bookwalter	Yes
Ernie Escovedo	Yes
Mary Kay Gallagher	Yes
Elizabeth Gomes	Yes
Heather Kitching	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeannette Nakamura	Yes
Carlin Daley Reaume	Yes

The motion carried.

Chair Wietlisbach asked if any committee member(s) had input on how many PAMs supervision hours would ensure continued public safety and should be recommended to the Board for consideration.

- Ernie Escovedo moved to recommend to the Board reducing the required PAMs supervised clinical hours from 240 hours to 40 hours.
- Diane Laszlo seconded the motion.

#### Public Comment

There were no public comments.



**Board Member Vote**

Christine Wietlisbach	Yes
Lynne Andonian	Yes
Richard Bookwalter	Yes
Ernie Escovedo	Yes
Mary Kay Gallagher	Yes
Elizabeth Gomes	Yes
Heather Kitching	Yes
Diane Laszlo	Yes
Danielle Meglio	Yes
Jeannette Nakamura	Yes
Carlin Daley Reaume	Yes

The motion carried.

7. New suggested agenda items for a future meeting.

There were no new suggested agenda items for a future meeting.

**Meeting adjournment.**

**The meeting was adjourned at 3:55 pm**

## **AGENDA ITEM 5**

**CONSIDERATION AND POSSIBLE RECOMMENDATION TO THE BOARD ON AMENDING CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 16, DIVISION 39, ARTICLE 9, SECTION 4152(A)(2), PHYSICAL AGENT MODALITIES, TO REDUCE THE SUPERVISED TRAINING HOUR REQUIREMENT AND CCR SECTION 4155(A)(2) TO UPDATE THE APPLICATION FOR ADVANCED PRACTICE APPROVAL IN PHYSICAL AGENT MODALITIES, INCORPORATED BY REFERENCE.**

THE FOLLOWING ARE INCLUDED:

- Proposed changes to CCR 4152(a)(2) and CCR 4155(a)(2).
- Proposed changes to the Application for Advanced Practice Approval in Physical Agent Modalities.

## **Proposed Reduction of the Number of Supervised Training Hours Required for PAMs Approval**

### **California Code of Regulations § 4152. Physical Agent Modalities**

(a) Physical agent modalities may be used only when an occupational therapist has demonstrated to the Board in an application filed pursuant to section 4155 that they have met the post professional education and training requirements established by this section as follows:

- (1) Education: Completion of 30 contact hours in the subjects listed in Code section 2570.3(f).
  - (2) Training: Completion of ~~240~~ 40 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to physical agent modalities.
- (b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training requirements established by this section.
- (c) An occupational therapist may use only those physical agent modalities the occupational therapist is competent to use.

### **California Code of Regulations § 4155. Application for Approval in Advanced Practice Areas**

In order to provide any of the advanced practice services set forth in Code section 2570.3(d), an occupational therapist shall apply to the Board and receive approval in that advanced practice area.

(a) To apply for approval, an occupational therapist shall submit to the Board an application as specified in subsections (1), (2), or (3), along with the required documentation.

(1) Applicants seeking approval in the area of Hand Therapy shall submit the Application for Advanced Practice Approval in Hand Therapy (Form APH, Rev. 10/09), hereby incorporated by reference;

(2) Applicants seeking approval in the use of physical agent modalities shall submit the Application for Advanced Practice Approval in Physical Agent Modalities (Form APP, ~~Rev. 07/14~~ Rev. XX/XX), hereby incorporated by reference;

(3) Applicants seeking approval in the area of Swallowing Assessment, Evaluation, or Intervention shall submit the Application for Advanced Practice Approval in Swallowing (Form APS, Rev. 10/09), hereby incorporated by reference;



## APPLICATION FOR ADVANCED PRACTICE APPROVAL – PHYSICAL AGENT MODALITIES

(Print clearly or type all information.)

### Section I: Personal Data (Please Complete All Boxes)

A. Last Name		B. First Name		C. Middle Name	
D. Residence Address (Street No., Apt No.)		City	State	Zip Code	
E. OT License No.	F. Home Telephone No. ( )	G. Business Telephone No. ( )	H. E-Mail Address		
I. Current Employer		J. Supervisor First Name	K. Supervisor Last Name		

### Section II: Affidavit

I hereby declare that I am the person named in this application and that I have read the complete application and know the contents thereof. **I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein, and evidence or other credentials submitted herewith are true and correct.** I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto, is sufficient grounds for denial, suspension or revocation of a license to practice as an occupational therapist in the State of California.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

Information Collection and Access – The Board’s executive officer is the person responsible for information maintenance. Business and Professions Code section 2570.18 gives the Board authority to maintain information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for advanced practice approval. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.

**Approval in an advanced practice area demonstrates entry-level competency in the area approved. Approval does not represent expertise in this area and should not be misrepresented as such. Pursuant to Title 16, California Code of Regulations, Section 4170(f)(1) of the Ethical Standards of Practice, occupational therapists are required to accurately represent their credentials, qualifications, education, experience, training, and competency. Further, Section 4170(d) states that occupational therapists shall perform services only when they are qualified by education, training, and experience to do so.**

**Section III: EDUCATION AND TRAINING SUMMARY SHEET – PHYSICAL AGENT MODALITIES:**

PHYSICAL AGENT MODALITIES EDUCATION (Minimum of 30 Contact Hours Required\*):

# of Hours:    Course Title:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Total Contact Hours

PHYSICAL AGENT MODALITIES TRAINING (Minimum of ~~240~~ 40 Supervised Hours Required\*):

# of Hours:    Name of Facility:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Total Supervised Hours

Eight (8) hours of education and sixty (60) hours of supervised on the job training in physical agent modalities can be applied towards meeting the education and training requirements for hand therapy. No other courses or hours can count for advanced practice approval in both hand therapy and physical agent modalities.

**Section IV: Education (Copy this form and use a separate form for each course submitted.)**

Name of Course: \_\_\_\_\_

Number of Contact Hours: \_\_\_\_\_

Name of Course Provider: \_\_\_\_\_

Date Completed: \_\_\_\_\_

(Course(s) must have been taken within the 5 years immediately preceding your application for approval. A Copy of Certificate of Completion must be attached for each course.)

**Required content areas – Please indicate the areas covered by the above-named course:**

- Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.
- Principles of chemistry and physics related to the selected modality.
- Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.
- Guidelines for the preparation of the patient, including education about the process and possible outcomes of treatment.
- Safety rules and precautions related to the selected modality.
- Methods for documenting immediate and long-term effects of treatment.
- Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.

**A Copy of Certificate of Completion must be attached for each course.**

**Section V: Training (Copy this form and use a separate form for each training and/or affiliation.)**

**NOTE TO SUPERVISOR:** You are being asked to provide information for an OT seeking approval to provide physical agent modalities. Please complete this form and return it to the OT so that it can be included in his/her application packet.

This training represents \_\_\_\_\_ hours of experience in **physical agent modalities** acquired between \_\_\_\_\_ (month/day/year) and \_\_\_\_\_ (month/day/year). (Training hours must be completed within the five (5) years immediately preceding this application.)

Supervisor's Name: \_\_\_\_\_  
First Last

License Type/Number: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_  
e.g., OT, PT, MD

Name and Address of Facility  
Where Training Occurred: \_\_\_\_\_  
\_\_\_\_\_

Is \_\_\_\_\_ **competent in providing physical agent modalities?**  
OT applicant's name

- YES, competence has been demonstrated in the area of physical agent modalities.
- NO, competence has not been demonstrated in the area of physical agent modalities.

Please identify the knowledge, skills and abilities demonstrated by the OT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing below, YOU certify that you were the clinical supervisor for training hours noted above and that the timeframes and hours listed are true and correct.*

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to Supervisor:**

- **Until the Board approves this applicant, you have continuing supervisory responsibility even if the "training" period has ended, IF the OT is providing hand therapy and you are both employed at the location named above.**

## **AGENDA ITEM 6**

**CONSIDERATION AND POSSIBLE RECOMMENDATION TO THE BOARD ON AMENDING BUSINESS AND PROFESSIONS CODE SECTION 2570.3, TO PROVIDE AN EXCEPTION TO THE EDUCATION AND TRAINING REQUIREMENT TO USE PHYSICAL AGENT MODALITIES, FOR LICENSEES WHO GRADUATED FROM THEIR QUALIFYING DEGREE PROGRAM ON OR AFTER JULY 31, 2020.**

THE FOLLOWING IS INCLUDED:

- Proposed changes to BPC Section 2570.3 and CCR Section 4152(a).



## **Proposed Elimination of Advanced Practice Requirements for PAMs for Certain Graduates**

### **BPC Section 2570.3(f)**

(f) An occupational therapist using physical agent modalities shall demonstrate to the satisfaction of the board that the occupational therapist has completed education and training in all of the following areas:

- (1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.
- (2) Principles of chemistry and physics related to the selected modality.
- (3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.
- (4) Guidelines for the preparation of the client, including education about the process and possible outcomes of treatment.
- (5) Safety rules and precautions related to the selected modality.
- (6) Methods for documenting immediate and long-term effects of treatment.
- (7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.

(g) An occupational therapist having graduated from their qualifying degree program on or after July 31, 2020, shall be deemed to have met the requirements of this section.

~~(g)~~(h) An occupational therapist in the process of achieving the education, training, and competency requirements established by the board for providing hand therapy or using physical agent modalities may practice these techniques under the supervision of an occupational therapist who has already met the requirements established by the board, a physical therapist, or a physician and surgeon.

~~(h)~~(i) The board shall develop and adopt regulations regarding the educational training and competency requirements for advanced practices in collaboration with the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the Board of Registered Nursing, and the Physical Therapy Board of California.

~~(i)~~(j) This chapter does not authorize an occupational therapist to seek reimbursement for services other than for the practice of occupational therapy as defined in this chapter.

~~(j)~~(k) "Supervision of an occupational therapy assistant" means that the responsible occupational therapist shall at all times be responsible for all occupational therapy services provided to the client. The occupational therapist who is responsible for appropriate supervision shall formulate and document in each client's record, with the occupational therapist's signature, the goals and plan for that client, and shall make sure that the occupational therapy assistant assigned to that client functions under appropriate supervision. As part of the responsible occupational therapist's appropriate supervision, the occupational therapist shall conduct at least weekly review and inspection of all aspects of occupational therapy services by the occupational therapy assistant.

(1) The supervising occupational therapist has the continuing responsibility to follow the progress of each client, provide direct care to the client, and to ensure that the occupational therapy assistant does not function autonomously.

(2) An occupational therapist shall not supervise more occupational therapy assistants, at any one time, than can be appropriately supervised in the opinion of the board. Three occupational therapy assistants shall be the maximum number of occupational therapy assistants supervised by an occupational therapist at any one time, but the board may permit the supervision of a greater number by an occupational therapist if, in the opinion of the board, there would be adequate supervision and the public's health and safety would be served. In no case shall the total number of occupational therapy assistants exceed three times the number of occupational therapists regularly employed by a facility at any one time.

*(Amended by Stats. 2023, Ch. 131, Sec. 4. (AB 1754) Effective January 1, 2024.)*

### **California Code of Regulations § 4152. Physical Agent Modalities**

(a) Except as allowed by Code Section 2570.3(g) of the code, ~~P~~physical agent modalities may be used only when an occupational therapist has demonstrated to the Board in an application filed pursuant to section 4155 that they have met the post professional education and training requirements established by this section as follows:

(1) Education: Completion of 30 contact hours in the subjects listed in Code section 2570.3(f).

(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to physical agent modalities.

(b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training requirements established by this section.

(c) An occupational therapist may use only those physical agent modalities the occupational therapist is competent to use.

## **AGENDA ITEM 7**

**CONSIDERATION AND POSSIBLE RECOMMENDATION TO THE BOARD, FOLLOWING A REVIEW OF THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) GUIDELINES, TO CONSIDER REDUCING OR ELIMINATING EDUCATION AND TRAINING REQUIREMENTS FOR STUDENTS GRADUATING AFTER A CERTAIN (TBD) DATE, TO PROVIDE HAND THERAPY AND SWALLOWING ASSESSMENT, EVALUATION, OR INTERVENTION.**

**PLEASE NOTE: THE LINKS FOR THE ACOTE STANDARDS ARE INCLUDED BELOW.**

- 2018 ACOTE Standards and Interpretive Guide (Eff July 31, 2020)  
<https://acoteonline.org/download/3751/>
- 2023 ACOTE Standards and Interpretive Guide (Eff July 31, 2025)  
<https://acoteonline.org/download/5856/?tmstv=1706886053>

## **AGENDA ITEM 8**

**CONSIDERATION AND POSSIBLE RECOMMENDATION TO THE BOARD ON WHETHER THE EDUCATION AND TRAINING REQUIREMENTS FOR LICENSEES DEMONSTRATING COMPETENCE IN THE ADVANCED PRACTICE AREAS OF HAND THERAPY AND SWALLOWING ASSESSMENT, EVALUATION, OR INTERVENTION SHOULD BE REDUCED.**

THE FOLLOWING ARE INCLUDED:

- Business and Professions Code §2570.2 and §2570.3
- California Code of Regulations §4150 – §4155

## **2570.2.**

As used in this chapter, unless the context requires otherwise:

(a) "Appropriate supervision of an aide" means that the responsible occupational therapist or occupational therapy assistant shall provide direct in-sight supervision when the aide is providing delegated client-related tasks and shall be readily available at all times to provide advice or instruction to the aide. The occupational therapist or occupational therapy assistant is responsible for documenting the client's record concerning the delegated client-related tasks performed by the aide.

(b) "Aide" means an individual who provides supportive services to an occupational therapist or occupational therapy assistant and who is trained by an occupational therapist or occupational therapy assistant to perform, under appropriate supervision, delegated, selected client and nonclient-related tasks for which the aide has demonstrated competency. An occupational therapist or occupational therapy assistant licensed pursuant to this chapter may utilize the services of one aide engaged in client-related tasks to assist the occupational therapist or occupational therapy assistant in the practice of occupational therapy. The occupational therapist shall be responsible for the overall use and actions of the aide.

(c) "Association" means the Occupational Therapy Association of California or a similarly constituted organization representing occupational therapists in this state.

(d) "Board" means the California Board of Occupational Therapy.

(e) "Continuing competence" means a dynamic and multidimensional process in which the occupational therapist or occupational therapy assistant develops and maintains the knowledge, performance skills, interpersonal abilities, critical reasoning, and ethical reasoning skills necessary to perform current and future roles and responsibilities within the profession.

(f) "Examination" means an entry level examination for occupational therapists and occupational therapy assistants administered by the National Board for Certification in Occupational Therapy or by another nationally recognized credentialing body.

(g) "Good standing" means that the person has a current, valid license to practice occupational therapy or assist in the practice of occupational therapy and has not been disciplined by the recognized professional licensing or standard-setting body within five years prior to application or renewal of the person's license.

(h) "Occupational therapist" means an individual who meets the minimum education requirements specified in Section 2570.6 and is licensed pursuant to the provisions of this chapter and whose license is in good standing as determined by the board to practice occupational therapy under this chapter. The occupational therapist is responsible for and directs the evaluation process and develops the intervention plan.

(i) "Occupational therapy assistant" means an individual who is licensed pursuant to the provisions of this chapter, who is in good standing as determined by the board, and based thereon, who is qualified to assist in the practice of occupational therapy under this chapter, and who works under the appropriate supervision of a licensed occupational therapist.

(j) “Occupational therapy services” means the services of an occupational therapist or the services of an occupational therapy assistant under the appropriate supervision of an occupational therapist.

(k) “Person” means an individual, partnership, unincorporated organization, or corporation.

(l) “Occupational therapy” means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness for clients with disability- and nondisability-related needs or to those who have, or are at risk of developing, health conditions that limit activity or cause participation restrictions. Occupational therapy services encompass occupational therapy assessment, treatment, education, and consultation. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perception and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Through engagement in everyday activities, occupational therapy promotes mental health by supporting occupational performance in people with, or at risk of experiencing, a range of physical and mental health disorders. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or populations.

(m) “Hand therapy” is the art and science of rehabilitation of the hand, wrist, and forearm requiring comprehensive knowledge of the upper extremity and specialized skills in assessment and treatment to prevent dysfunction, restore function, or reverse the advancement of pathology. This definition is not intended to prevent an occupational therapist practicing hand therapy from providing other occupational therapy services authorized under this act in conjunction with hand therapy.

(n) “Physical agent modalities” means techniques that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity. These techniques are used as adjunctive methods in conjunction with, or in immediate preparation for, occupational therapy services.

*(Amended by Stats. 2018, Ch. 490, Sec. 1. (AB 2221) Effective January 1, 2019.)*

### **2570.3.**

(a) A person shall not practice occupational therapy or hold themselves out as an occupational therapist or as being able to practice occupational therapy, or to render occupational therapy services in this state unless the person is licensed as an occupational therapist under the provisions of this chapter. A person shall not hold themselves out as an occupational therapy assistant or work as an occupational therapy assistant under the supervision of an occupational therapist unless the person is licensed as an occupational therapy assistant under this chapter.

(b) Only an individual may be licensed under this chapter.

(c) This chapter does not authorize an occupational therapist to practice physical therapy, as defined in Section 2620; speech-language pathology or audiology, as defined in Section 2530.2; nursing, as defined in Section 2725; psychology, as defined in Section 2903; marriage and family therapy, as defined in Section 4980.02; clinical social work, as defined in Section 4996.9; professional clinical counseling, as defined in Section 4999.20, educational psychology, as defined in Section 4989.14; or spinal manipulation or other forms of healing, except as authorized by this section.

(d) An occupational therapist may provide advanced practices if the occupational therapist has the knowledge, skill, and ability to do so and has demonstrated to the satisfaction of the board that the occupational therapist has met educational training and competency requirements. These advanced practices include the following:

- (1) Hand therapy.
- (2) The use of physical agent modalities.
- (3) Swallowing assessment, evaluation, or intervention.

(e) An occupational therapist providing hand therapy services shall demonstrate to the satisfaction of the board that the occupational therapist has completed education and training in all of the following areas:

- (1) Anatomy of the upper extremity and how it is altered by pathology.
- (2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.
- (3) Muscle, sensory, vascular, and connective tissue physiology.
- (4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces.
- (5) The effects of temperature and electrical currents on nerve and connective tissue.
- (6) Surgical procedures of the upper extremity and their postoperative course.

(f) An occupational therapist using physical agent modalities shall demonstrate to the satisfaction of the board that the occupational therapist has completed education and training in all of the following areas:

- (1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.
- (2) Principles of chemistry and physics related to the selected modality.
- (3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.
- (4) Guidelines for the preparation of the client, including education about the process and possible outcomes of treatment.
- (5) Safety rules and precautions related to the selected modality.
- (6) Methods for documenting immediate and long-term effects of treatment.
- (7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.

(g) An occupational therapist in the process of achieving the education, training, and competency requirements established by the board for providing hand therapy or using physical agent modalities may practice these techniques under the supervision of an occupational therapist who has already met the requirements established by the board, a physical therapist, or a physician and surgeon.

(h) The board shall develop and adopt regulations regarding the educational training and competency requirements for advanced practices in collaboration with the Speech-Language Pathology and Audiology Board, the Board of Registered Nursing, and the Physical Therapy Board of California.

(i) This chapter does not authorize an occupational therapist to seek reimbursement for services other than for the practice of occupational therapy as defined in this chapter.

(j) "Supervision of an occupational therapy assistant" means that the responsible occupational therapist shall at all times be responsible for all occupational therapy services provided to the client. The occupational therapist who is responsible for appropriate supervision shall formulate and document in each client's record, with the occupational therapist's signature, the goals and plan for that client, and shall make sure that the occupational therapy assistant assigned to that client functions under appropriate supervision. As part of the responsible occupational therapist's appropriate supervision, the occupational therapist shall conduct at least weekly review and inspection of all aspects of occupational therapy services by the occupational therapy assistant.

- (1) The supervising occupational therapist has the continuing responsibility to follow the progress of each client, provide direct care to the client, and to assure that the occupational therapy assistant does not function autonomously.



(2) An occupational therapist shall not supervise more occupational therapy assistants, at any one time, than can be appropriately supervised in the opinion of the board. Three occupational therapy assistants shall be the maximum number of occupational therapy assistants supervised by an occupational therapist at any one time, but the board may permit the supervision of a greater number by an occupational therapist if, in the opinion of the board, there would be adequate supervision and the public's health and safety would be served. In no case shall the total number of occupational therapy assistants exceed three times the number of occupational therapists regularly employed by a facility at any one time.

*(Amended by Stats. 2022, Ch. 290, Sec. 1. (AB 2671) Effective January 1, 2023.)*

## **§ 4150. Definitions§**

For the purpose of this article:

- (a) "ACOTE" means the Accreditation Council for Occupational Therapy Education.
- (b) "Post professional education and training" means education and training obtained subsequent to the qualifying degree program or beyond current ACOTE standards for the qualifying degree program.
- (c) "Contact hour" means sixty (60) minutes of coursework or classroom instruction.
- (d) "Semester unit" means fifteen (15) contact hours.
- (e) "Quarter unit" means ten (10) contact hours.
- (f) "Rehabilitation of the hand, wrist, and forearm" as used in Code section 2570.2(l) refers to occupational therapy services performed as a result of surgery or injury to the hand, wrist, or forearm.
- (g) "Upper extremity" as used in Code section 2570.3(e) includes education relating to the hand, wrist, or forearm.
- (h) "Swallowing" as used in Code section 2570.3 is the passage of food, liquid, or medication through the pharyngeal and esophageal phases of the swallowing process.
- (i) "Instrumental evaluation" is the assessment of any aspect of swallowing using imaging studies that include, but are not limited to, endoscopy and video fluoroscopy
  - (1) "Endoscopic evaluation of swallowing" or "endoscopy" is the process of observing structures and function of the swallowing mechanism to include the nasopharynx, oropharynx, and hypopharynx.
  - (2) "Video fluoroscopic swallowing study" or "video fluoroscopy" is the fluoroscopic recording and videotaping of the anatomy and physiology of the oral cavity, pharynx, and upper esophagus using a variety of bolus consistencies to assess swallowing function. This procedure may also be known as video fluorography, modified barium study, oral-pharyngeal motility study and video radiography.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code.  
Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

## **§ 4151. Hand Therapy**

- (a) Hand therapy services may be performed only when an occupational therapist has demonstrated to the Board in an application filed pursuant to section 4155 that he or she has met the post professional education and training requirements established by this section as follows:
  - (1) Education: Completion of 45 contact hours in the subjects listed in Code section 2570.3(e), including 30 hours specifically relating to the hand, wrist, and forearm.
  - (2) Training: Completion of 480 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to hand therapy.
- (b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training requirements established by this section.
- (c) An occupational therapist providing hand therapy services using physical agent

modalities must also comply with the requirements of section 4152. A maximum of 8 contact hours and 60 hours of supervised on-the-job training, clinical internship or affiliation, paid or voluntary, completed under section 4152 will be credited toward the requirements of this section.

(d) An occupational therapist may provide only those hand therapy services he or she is competent to perform.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code.  
Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

### **§ 4152. Physical Agent Modalities**

(a) Physical agent modalities may be used only when an occupational therapist has demonstrated to the Board in an application filed pursuant to section 4155 that he or she has met the post professional education and training requirements established by this section as follows:

(1) Education: Completion of 30 contact hours in the subjects listed in Code section 2570.3(f).

(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to physical agent modalities.

(b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training requirements established by this section.

(c) An occupational therapist may use only those physical agent modalities he or she is competent to use.

Note: Authority Cited: Sections 2570.3 and 2570.20, Business and Professions Code.  
Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

### **§ 4152.1. Use of Topical Medications**

(a) As used in this section, "topical medications" means medications applied locally to the skin or underlying tissue where such medications require a prescription or order under federal or state law. The following medications are applicable to the practice of occupational therapy and may be used by an occupational therapist:

- (1) Bacteriocidal agents;
- (2) Debriding agents;
- (3) Topical anesthetic agents;
- (4) Anti-inflammatory agents;
- (5) Antispasmodic agents; and
- (6) Adrenocortico-steroids.

(b) An occupational therapist shall apply or administer topical medications in accordance with this subsection.

(1) Any topical medication applied or administered shall have been ordered on a specific or standing basis by a practitioner legally authorized to order or prescribe such

medication pursuant to Business and Professions Code section 2571(a).

(2) An occupational therapist may administer a topical medication by the use of a physical agent modality, only if the occupational therapist is approved by the Board in the advanced practice area of physical agent modalities.

(3) An occupational therapist shall follow written protocols in applying or administering topical medications. The protocols shall:

(A) Be prepared by the facility within which the topical medications are being applied or administered;

(B) Be approved by the medical director or equivalent of the facility;

(C) Include a description of each medication, its actions, its indications and contraindications, and the proper procedure and technique for application;

(D) Require that the administration be consistent with the manufacturer's guidelines for any equipment to be used in the administration of the topical medication; and

(E) Be based on research and evidence-based practice, pharmaceutical standards of practice and known desired outcomes.

(4) Supervision of the application or administration of topical medications by an occupational therapy assistant under this section shall be in accordance with Article 9.

(c) Under no circumstance does this section authorize an occupational therapist or occupational therapist assistant to administer a medication via injection.

Note: Authority cited: Sections 163.5 and 2570.20, Business and Professions Code.

Reference: Section 2571, Business and Professions Code.

### **§ 4153. Swallowing Assessment, Evaluation, or Intervention**

(a) The role of an occupational therapist in instrumental evaluations is to observe structure and function of the swallowing mechanism in order to assess swallowing capability and determine swallowing interventions. The occupational therapist may not perform the physically invasive components of the instrumental evaluation.

(b) Swallowing assessment, evaluation or intervention may be performed only when an occupational therapist has demonstrated to the Board that he or she has met the post professional education and training requirements established by this section as follows:

(1) Education: Completion of 45 contact hours in the following subjects:

(A) Anatomy, physiology and neurophysiology of the head and neck with focus on the structure and function of the aerodigestive tract;

(B) The effect of pathology on the structures and functions of the aerodigestive tract including medical interventions and nutritional intake methods used with patients with swallowing problems;

(C) Interventions used to improve pharyngeal swallowing function.

(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to swallowing assessment, evaluation or intervention. An occupational therapist in the process of completing the training requirements of this section may practice swallowing assessment, evaluation or intervention under the supervision of an occupational therapist who has been approved under this article, a speech language pathologist with expertise in this area, or a physician and surgeon.

(c) An occupational therapist may provide only those swallowing assessment, evaluation or intervention services he or she is competent to perform.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code.  
Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

#### **§ 4154. Post Professional Education and Training**

(a) Post professional education courses shall be obtained at any of the following:

- (1) College or university degree programs accredited or approved by ACOTE;
- (2) College or university degree programs accredited or approved by the Commission on Accreditation in Physical Therapy Education;
- (3) Colleges or universities with Speech and Hearing Programs accredited or approved by the Council on Academic Accreditation in Audiology and Speech-Language Pathology;

(4) Any approved provider. To be approved by the Board the provider shall submit the following:

- (A) A clear statement as to the relevance of the course to the advanced practice area.
- (B) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.
- (C) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held, and length of experience and expertise in the relevant subject matter), particularly as it relates to the advanced practice area.
- (D) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the provider's background, history, experience, and similar courses previously offered by the provider), particularly as it relates to the advanced practice area; or

(5) A provider that has not been approved by the Board, if the applicant occupational therapist demonstrates that the course content meets the subject matter requirements set forth in sections 2570.3(e) or 2570.3(f) of the Code, or section 4153 of these regulations, and submits the following:

- (A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.
- (B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held, and length of experience and expertise on the relevant subject matter), particularly as it relates to the advanced practice area.

(b) Post professional training shall be supervised which means, at a minimum:

- (1) The supervisor and occupational therapist have a written agreement, signed and dated by both parties prior to accruing the supervised experience, outlining the plan of supervision and training in the advanced practice area. The level of supervision is determined by the supervisor whose responsibility it is to ensure that the amount, degree, and pattern of supervision is consistent with the knowledge, skill and ability of the occupational therapist, and appropriate for the complexity of client needs and

number of clients for whom the occupational therapist is providing advanced practice services.

(2) The supervisor is readily available in person or by telecommunication to the occupational therapist while the therapist is providing advanced practice services.

(3) The supervisor does not have a co-habitative, familial, intimate, business, excluding employment relationships, or other relationship that could interfere with professional judgment and objectivity necessary for effective supervision, or that violates the Ethical Standards of Practice, pursuant to section 4170.

(c) Any course instructor providing post-professional education under section 4154(a)(4) or (5) who is a health care practitioner as defined in section 680 of the Code shall possess an active, current, and unrestricted license.

(d) Post professional education and training must be completed within the five years immediately preceding the application for approval in each advanced practice area.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code.

Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

#### **§ 4155. Application for Approval in Advanced Practice Areas**

In order to provide any of the advanced practice services set forth in Code section 2570.3(d), an occupational therapist shall apply to the Board and receive approval in that advanced practice area.

(a) To apply for approval, an occupational therapist shall submit to the Board an application as specified in subsections (1), (2), or (3), along with the required documentation.

(1) Applicants seeking approval in the area of Hand Therapy shall submit the [Application for Advanced Practice Approval in Hand Therapy](#) (Form APH, Rev. 10/09), hereby incorporated by reference;

(2) Applicants seeking approval in the use of physical agent modalities shall submit the [Application for Advanced Practice Approval in Physical Agent Modalities](#) (Form APP, Rev. 07/11), hereby incorporated by reference;

(3) Applicants seeking approval in the area of Swallowing Assessment, Evaluation, or Intervention shall submit the [Application for Advanced Practice Approval in Swallowing](#) (Form APS, Rev. 10/09), hereby incorporated by reference;

(b) The documentation must include the following:

(1) Documented proof of attendance and completion of each course (i.e., certificate of completion or transcript).

(2) Evidence of the number of contact hours completed for each course for courses that are not Board approved.

(3) Outline or syllabus of each course for courses that are not Board approved.

(4) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) as it relates to the advanced practice area.

(5) Resume or credentials of each instructor for courses that are not Board approved.

(6) Verification of completion of supervised on-the-job training, clinical internship or affiliation reflecting the nature of the training and the number of hours. Such verification must be signed by the supervisor(s) under penalty of perjury.

(c) An advanced practice application not completed within six months of receipt or notification of deficiency, whichever is later, shall be deemed abandoned.

(d) An application submitted subsequent to the abandonment of a previous application shall be treated as a new application.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code.

Reference: Sections 2570.2 and 2570.3, Business and Professions Code.